See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, Californis

| IMMUTECH PAHRMACEUTICALS | | | | | | | 88615611 | | | |
|--|---|---|---|---|---------------------------------|----------------|---|----------------|--------------------|--|
| 11045 ROSELLE ST, SAN DIEGO, CA 92121 4. Generator's Phone 619) 457-2553 | | | | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company | | | 6. US EF | PA ID Number | | C. Sta | ite Transporter's II | | 10236 | |
| CMFGA RECOVERY SERVICES CAD 042 245 001 | | | | | | | D. Transporter's Phone 13 698=099 | | | |
| 7. Transporter 2 Company | Name | | 8. US E | PA ID Number | | View Transport | te Transporter's II naporter's Phone | D | | |
| 9. Designated Facility Na | ma and Site Addre | 208 | 10. US EI | PA ID Number | | 45.15.55 | ite Facility's ID | | are ware | |
| OMEGA RECOVI | | | | ,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 11.11 | HOWHI | 12141 | STOIDIL | |
| 12504 E. WH | ITTIER B | LVD | | | | H. Fat | dity's Phone | -099 | | |
| WHITTIER. CA | A 90602 | | CAD 042 2 | 45 ₁ 90 ₁ | - | | 213 698 | 14. | 1 | |
| 11. US DOT Description (| Including Proper S | Shipping Name, Har | zard Class, and ID N | umber) | No. | Туре | Quantity | Unit Wt/Vol | Waste N | |
| WASTE ACETO | NITELE | FT.AMMAB | LE LIQUII | NA 1 | | 1,7,7-2 | # | 1 | 213 | |
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| | | | | | 00 | 1 | 0,0,0 | 6 | | |
| WASTE METHY | LENE CHI | ORIDE, O | RM-A UN | 1593 | | | | | State 211 | |
| 1111012 | | · | | | 01018 | DM | 99995 | G | FOOT | |
| WASTE FLAMM | ABLE LIG | UID. N.C | .S UN 19 | 93 | | | | | State 211 | |
| WASTE FLAMMABLE LIQUID, N.O.S UN 1993 (METHYLENE CHLORIDE 60%, ACETONE 40%) | | | | | 0.0.0 | DM | 73 | G | EPA/Other | |
| d. | | | | | 01012 | 7 | 00101713 | | F001 | |
| u. | | | | | | | | | FOLION | |
| | | | | | 1 1 | 1 | | | EPA/Other | |
| J. Additional Descriptions | for Materials List | ed Above | - /- | | | K. Ha | ndling Codes for V | Wastes Li | isted Above | |
| , | | | | | | s 100 s | OI | | 01 | |
| | | | | | | С. | 01 | d. | | |
| | | | | | | , i | | | | |
| 15. Special Handling Instr | uctions and Additi | onal Information | | | | | | | | |
| DDOETEL NUM | מים מים | 1206 1020 | 0 10200 | | | | | | | |
| PROFIEL NUM | BER B IC | 1200, 1020 | 8,10209 | | | | | | | |
| 16. | | | | | | | | | | |
| GENERATOR'S CER' | TIFICATION: 1 he | ereby declare that | the contents of this | a tnemngieno: | re fully and ac | curately | described above | by prope | r shipping name | |
| hational government | regulations. | | | | | | | | | |
| if I am a large quantit to be economically p | rectionals and the | t have extert t | he procticable methr | ut of treatment | f storage or i | RROGELD | I CUTTONTIV AVABADII | eromew | INION MINIMIZUS I | |
| present and future the | reat to human hea t the best waste r | ith and the enviror nanagement metho | nment; OR, if I am a : id that is available to | mail quantity me and that I | generator, i n I can afford. | eve mac | ie a good familiem | OFT TO THE | mmize my waste | |
| Printed/Typed Name | 12 | | Signati | 10/ | N | | 1 | | Month Day | |
| | DOURK | \mathcal{E}_{-} | 11 | Asign | Moc | ne | Le | | 1/1/10/9 | |
| MARU | rledgement of Rec | elpt of Materials | l Sinnet | A | | 7. | | | Month Day | |
| 17. Transporter 1 Acknow | 11 | 14175 | Signatu | " ¥_ | 1 4 | Los | 1 | 1 | 11/19 | |
| 17. Transporter 1 Acknow Printed/Typed Name | | eipt of Materials | | 710 | | العدا | | <u> </u> | | |
| | riedgement of Red | | Signatu | 6 | | | U | | Month Day | |
| Printed/Typed Name | riedgement of Rec | | 1 - | | | | | | 1 1 1 1 | |
| Printed/Typed Name AVIER 18. Transporter 2 Acknow | IT F.Z.A. | | | | | | | | | |
| Printed/Typed Name AVIER 18. Transporter 2 Acknow | | | | | | | | | <u></u> | |
| Printed/Typed Name JAVIE/R 18. Transporter 2 Acknow Printed/Typed Name | | | | | | | | | | |
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